

CLAIMS ONLY

Application Number

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
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47	/					
48	/					
49	/					
50	/					
al						
p						
al						
end.						
al						
ns						

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* May be used for additional claims or amendments						
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51	/					
52	/					
53	/					
54	/					
55	/					
56	/					
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58	/					
59	/					
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92	/					
93	/					
94	/					
95	/					
96	/					
97	/					
98	/					
99	/					
100	/					
Total						
Indep.						
Total						
Depend.						
Total						
Claims						